## Request for Regional Funding

|  |  |
| --- | --- |
| send to: | PPTA TE WEHENGARUA NATIONAL OFFICE |
|  | Fax: (04) 382 8763 | Post: PO Box 2119, Wellington |
|  | Email: mbarton@ppta.org.nz |
| TODAY’S DATE: |  |
| REGION: |  |
| COORDINATOR: |  |
| COMMITTEE MEMBERS: |  |
|  |  |
| NAME OF BANK: |  | BRANCH: |  |
| NAME ON A/C: |  |
| ACCOUNT NO. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (Bank / Branch)2 + 4 digits | (Account Number)7 digits | (A/C Type)2-3 digits |
|  | (DEPOSIT SLIP MUST BE ATTACHED TO CONFIRM ACCOUNT NUMBER) |

 FUNDS REQUESTED TICK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ADMINISTRATION GRANT: |  | $ | $1,000 | [ ]  |
| Additional Subsidy  |  | $ | TBC | [ ]  |
| Regional TRAVEL: |  | $ |  | [ ]  |
| RETURNING TROPHIES: | No. of trophies  |  | @ $50 per trophy = | $ |  | [ ]  |